MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-530931

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					*		*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51										
2		1					52										
3		2					53										
4		2					54										
5		2					55										
6	1						56										
7	1						57										
8		1					58										
9		1					59										
10		1					60										
11	1						61										
12		2					62										
13		2					63										
14	1						64										
15		1					65										
16		1					66										
17		3					67										
18		1					68										
19		1					69										
20		1					70										
21		1					71										
22							72										
23							73										
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41							91										
42							92										
43							93										
44							94										
45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.	5						TOTAL IND.										
TOTAL DEP.	23						TOTAL DEP.										
TOTAL CLAIMS	28						TOTAL CLAIMS										

PTO-1360 (3-78)